

# PART B - FEE(S) TRANSMITTAL

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N/A - Filed EFS (Depositor's name)  
 (Signature)  
 (Date)

23557 7550 09/25/2011  
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APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/580,777	02/26/2007	Alain Bernard	SER.110	7237

TITLE OF INVENTION: PROCESS FOR RECYCLING SOLID SUPPORTS FOR CULTIVATION OF ANCHORAGE-DEPENDENT CELLS

APPLX. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	<del>XXX</del> \$1,740	\$300	\$0	<del>XXX</del> \$2,040	12/20/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
KOSAR, AARON J	1657	435-399000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address for Change of Correspondence Address form PTO/SB/122 attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a **Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**SALI WANCHIK, LLOYD**  
**1 & EISENSCHENK**

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

**ARBS TRADING S.A.**

**AUBONNE, SWITZERLAND**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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- ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

**FRANK C. EISENSCHENK, PH.D.**

Date

**November 10, 2011**

Typed or printed name

Registration No. **45,332**

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